REQUEST FOR TRANSCRIPT OF CREDIT

INSTRUCTIONS:

- Fill out one request form for <u>each</u> university or college attended.
 Mail one request form to each university or college previously or presently attending.

TO: Registrar's Office (c	of previous/present unive	ersity or college)	
Name of previous/present university or college			
Mailing address of Regi	strar's Office		
City	State	Zip	
Please send one (1) cop	by of my official academ	ic transcript to:	
	Office o P.O.	Tech University f Admissions Box 3178 n, LA 71272	
My dates of attendance	were from	to	
Signature		Date	
Please Print			
Name Social Security Number Date of Birth Present Mailing Address		TO STUDENT REQUESTING TRANSCRIPT: Most institutions require the payment of a fee before issuing a transcript. You may conserve time by including your payment with this request. You should indicate your name as it was when you attended the institution for reference purposes. A large number of institutions accept only the transcripts mailed directly to them from the	
City State	Zip	Registrar's Office of previously attended institutions.	

NOTE: TRANSCRIPTS SHOULD BE SENT AFTER FINAL GRADES ARE REPORTED